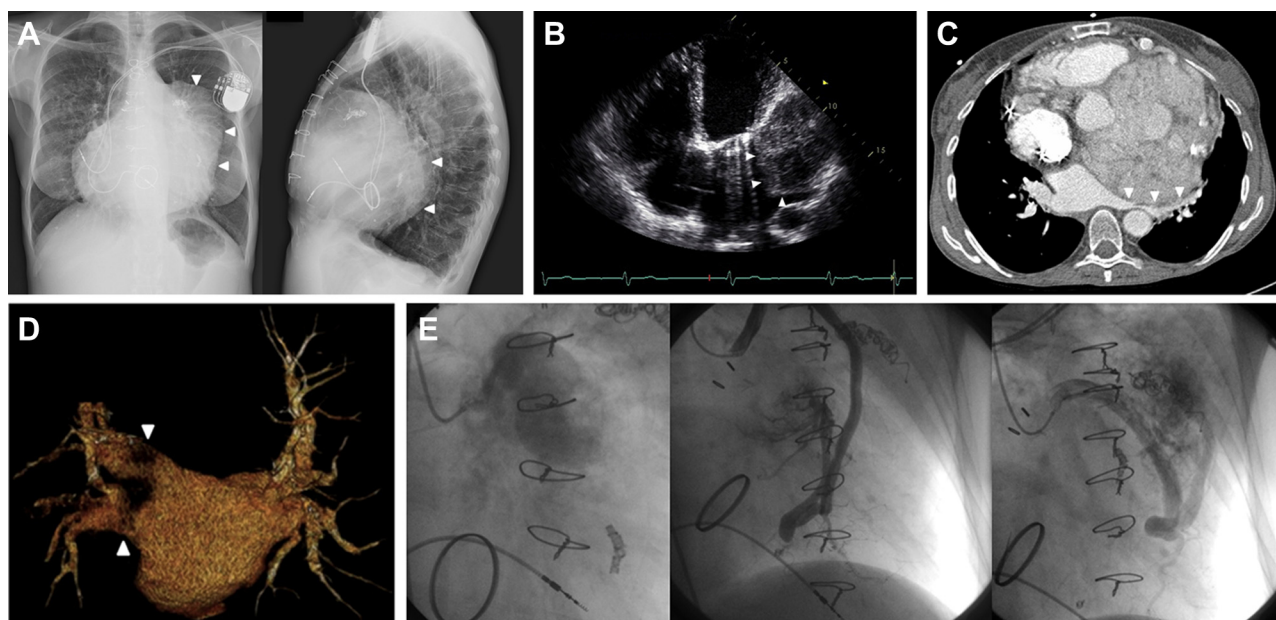


IMAGES IN CARDIOLOGY

Pulmonary Vein Ablation in a Patient With a Massive Left Atrial Paraganglioma

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A 58-year-old woman presented with a large mediastinal tumor confirmed as a paraganglioma (chemodectoma) on surgical biopsy in 1980. In an effort to devascularize the tumor, she had coronary coil embolization and left main ligation with implantation of vein grafts to the left anterior descending and obtuse marginal vessels. Despite these measures the tumor continued to grow requiring mitral valve replacement for severe mitral regurgitation (2003). She now presents with symptomatic drug-refractory atrial fibrillation.

Her chest x-ray (A) shows a markedly enlarged cardiac silhouette with an unusual contour engendered primarily by the tumor itself (arrows). A large vascular mass compressing the left atrium including the left-sided pulmonary veins (arrows) is seen on echocardiography (B, [Online Video 1](#)) and computed tomography scan (arrows) (C, D, [Online Video 2](#)). A rich blood supply to the tumor from both the remnant left coronary system as well as both grafts is demonstrated with coronary angiography (E, [Online Videos 3, 4, and 5](#)).

At ablation, the left-sided pulmonary veins were found to be void of arrhythmogenic vein potentials (presumed auto-ablation by the tumor). Right-sided pulmonary vein circumferential ablation was performed with restoration of sinus rhythm.